

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591367

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		1				
16		4				
17		1				
18		1				
19		1				
20		1				
21		1				
22		4				
23		4				
24		4				
25		4				
26		4				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	89	←	←	←	↓	↓
TOTAL CLAIMS	90	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.			←	←	↓	↓
TOTAL CLAIMS			██████████	██████████	██████████	██████████